



WORKFIRST - PUBLIC HEALTH
CHILDREN WITH SPECIAL NEEDS INITIATIVE

PUBLIC HEALTH NURSE (PHN)
SUMMARY AND RECOMMENDATIONS

PARENT/GUARDIAN'S LAST NAME	FIRST NAME	MIDDLE INITIAL	JAS IDENTIFICATION NUMBER	TELEPHONE NUMBER (WITH AREA CODE)
CHILD'S NAME			BIRTHDATE	CHILD'S SOCIAL SECURITY NUMBER
Times parent needs to be directly available to the needs of the child (including regularly scheduled medical appointments, schedules, etc.):				
Identified times when child has care (including school, family members, other):				
Level of child care needed to support the parent's ability to participate in WorkFirst activities:				
Other factors or services that should be considered to support the parent's WorkFirst participation (such as transportation):				
INITIAL EVALUATION DATE	REEVALUATION RECOMMENDED?		IF YES, REEVALUATE IN:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> Other:	
PHN'S SIGNATURE			DATE	
TELEPHONE NUMBER (WITH AREA CODE)			PHN'S NAME (PLEASE PRINT)	
			EMAIL ADDRESS	

NOTE: INSTRUCTIONS ON REVERSE SIDE.

INSTRUCTIONS FOR COMPLETING THE
PUBLIC HEALTH NURSE (PHN) SUMMARY AND RECOMMENDATIONS, DSHS 10-255

The Public Health Nurse (PHN) Evaluation, DSHS 10-254, and the PHN Summary and Recommendations, DSHS 10-255, must be returned to the WorkFirst Case Manager or social worker within ten (10) working days of the home visit.

Enter parent's name, DSHS JAS number, and telephone number. Enter the child's name, birthdate, and social security number. Use the information from the PHN Referral, DSHS 10-256(X).

Times the parent needs to be directly available for the child:

Include medication, tube feedings, any treatments that might not be done by a child care provider and times parent must be available for the child's medical or therapy appointments, etc. Provide information on a daily basis if necessary.

Identified times when the child has care:

Times when child care of some kind is already in place or available.

Level of child care needed to support the parent's ability to participate in WorkFirst activities:

Use information in the Care Requirements and other sections of the PHN Evaluation, DSHS 10-254.

Other factors:

Include information such as "Depends on Medicaid transportation for medical appointments," "Needs access to a telephone or a pager," etc.

Document evaluation date. decide if a re-evaluation is needed.

Sign and date form. Print your name and telephone number.